

## SPECIAL POWER OF ATTORNEY (BANKING)

*PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.*

**KNOW ALL PERSONS:** That I, \_\_\_\_\_, currently residing at \_\_\_\_\_  
by this document do make and appoint \_\_\_\_\_, whose address is \_\_\_\_\_  
as my true and lawful attorney-in-fact to act as follows, GRANTING unto my said Attorney full power to:

Transact business for me and in my name in connection with the following bank account (s):

Financial Institution: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Loan Number: \_\_\_\_\_  
Safe Deposit Box: \_\_\_\_\_

and for this purpose to draw, cash, discount, or otherwise deal with bills of exchange, checks, promissory notes, or other securities for payment of money; to receive, endorse and collect any and all checks payable to the order of the undersigned; to execute, in my name and on my behalf, all bonds, indemnities, applications, or other documents, which may be required by law or regulation to secure the issuance of substitutes for such checks, and to give full discharge for same; to deposit in the foregoing accounts of mine any and all monies which the Grantee shall receive, including all bills of exchange, drafts, checks, promissory notes, and other securities for money payable or belonging to me, and for that purpose, to sign on my behalf and endorse the same for deposit and collection, and from time to time withdraw any and all monies in the foregoing accounts, and for that purpose, draw checks in my name; and to have access for all purposes to any and all safety deposit boxes or vaults rented in my name or in the names of any person or persons and myself, with full power to use the same for safekeeping any property or papers, and to remove therefrom at any time, or from time to time, any and all or part of the contents of any such box or vault and to have the power to close and surrender such box or vault.

**TERMINATION:** This power shall remain in full force and effect until \_\_\_\_\_, or one year after the execution of this power of attorney, whichever is earlier, unless sooner revoked or terminated by me.

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing", "missing-in-action" or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to the United States Military control following termination of such status.

**I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.**

**IN WITNESS WHEREOF,** I have hereunto set my hand and seal on this day, \_\_\_\_\_.

\_\_\_\_\_  
*Grantor's Signature*

WITNESSED:

PRINT NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PRINT ADDRESS \_\_\_\_\_

PRINT ADDRESS: \_\_\_\_\_

### ACKNOWLEDGEMENT

☐ With the United States Armed Forces at \_\_\_\_\_

☐ STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, ss.

The foregoing instrument was acknowledged before me by \_\_\_\_\_ and the above named two witnesses, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. They were all identified by Armed Forces ID Cards.

☐ I do further certify that I am a person in the service of the U.S. Armed Forces authorized the general powers of a notary public under Title 10 U.S.C. 1044a and JAGMAN Chapter IX.

☐ A Notary Public

\_\_\_\_\_  
Print Name:  
Notary Public